EXHIBIT C

FORM B10 (Official Form 10) (10/05)

ONNI BTO (Official Form To) (10/05)						
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada RECEIVED	DAND-FALED				
Name of Debtor	1 Cua Numban					
USA Commercial Mortgage Co	BK-S-06-10725-LB 19016 AUG	14 P12 17				
NOTE. This form should not be used to make a claim for an adminis	tive expense ansing after the commencement					
of the cisc. A request for payment of an administrative expense ma	be filed pursuant to 11 USC § 503	RUPTCY COURT				
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone PATRICIA	GRAY, CLERK				
dubion oxys money or property) Trust	else has filed a proof of claim relating to your claim. Attach copy of statement					
Put + John Chiappetta Trustees	giving particulars					
Name and address whe e notices should be sent	Check box if you have never received any					
John Chiuppetta	notices from the bankruptcy court in this case					
1043 (mamon Dr	☐ Check box if the address differs from the					
Sparks NU 89436 Telephone number 775-354-1317	address on the envelope sent to you by the court Thi Since	IS FOI COURT UST ONLY				
Last four digits of account or other number by which creditor	Check here 🔲 replaces					
identifies debtor	if this claim amends a previously filed claim dat	ed				
1 Basis for Claim	☐ Retiree benefits as defined in 11 USC §	1114(a)				
☐ Goods sold	Wages salaries and compensation (fill ou	t below)				
Services perfurmed Money loaned	Last four digits of you SS # Unpaid compensation for services perform	nea				
Personal injury/wrongful death	fromto					
☐ Taxes ☐ Other ————————————————————————————————————		date)				
2 Date debt, was incurred	3 If court judgment, date obtained					
11/2/05	5 Il court judgment, date obtained					
4 Classification of Claim Check the appropriate box or boxes the	best describe your claim and state the amount of the claim	at the time case filed				
See reverse side for important explanations	Secured Claim					
Unsecured Nonpriority Claim S	Check this box if your claim is secured by	collateral (maluding				
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	CIAIM Of a right of setoff)	conateral (metading				
only part of your claim is entitled to priority	Brief Description of Collateral					
Unsecured Priority Claim Motor Vehicle Other						
Check this box if you have an unsecured claim all or part of which is						
entitled to priority Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$ secured claim if any \$						
Specify the priority of the claim Up to \$2 225* of deposits toward purchase lease or rental of property						
or services for personal family or household use 11 USC Solva of Solva S						
(°)(1)(B)	☐ Taxes or penalties owed to governmental units -	11 U S C § 507(a)(8)				
☐ Wages salaries or commissions (up to \$10 000) * earned within 180 ☐ Other Specify applicable paragraph of II USC § 507(a)()						
business whichever is earlier 11 USC \ 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
Contributions to an employee benefit plan 11 USC \$ 507(a)(5) with respect to cases commenced on or after the date of adjustment						
5 Total Amount of Claim at Time Case Filed	en knun 750,000	477				
 Check this box if claim includes interest or other charges in a interest or additional charges 	(unsecured) (secured) (prionty) bition to the principal amount of the claim. Attach itemized	(Total) statement of all				
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS STACL IS FOR COURT USE ONLY						
making this proof of claim 7 Supporting Documents Attach conies of supporting docu	ante such se promissory notes purchase					
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court juagments mortgages security						
agreements and evidence of perfection of lien DO NOT SE	D ORIGINAL DOCUMENTS If the					
documents are not available explain. If the documents are vo	4					
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim						
Date Sign and print the name and title if any o	the creditor or other person authorized to					
file this claim (attach copy of power of at		USA CMC				
81106 Mc Chapette	Ann Chiappetta					

Case	e 06-10725-awz	3-3 F	ntered 09/16/11 13:	<u>40:01 P</u> ac	ne 3 of 8
GANTAGE STATE	S BANKRUM DYCOUME OT OF MEXAGE		OOF OF CLAIM	YOUR CLA	AIM IS SCHEDULED AS:
Name of Debtor		Case No	ımber	Schedule/Claim ID	
USA Commercial M	lortgage Company	06-10	725-LBR	Amount/Classifica	tion
This form should not be used arising after the commencem administrative expense may be a supported by the support of the suppo	MRASZ 2/2/04 ASZ & JANET F MRASZ TRUSTEES ST , CA 91040-1512	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim against this proof of claim I if the amounts sh Unliquidated or D filed If you have alre Bankruptcy Court	eted above constitute your claim as lebtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be lady filed a proof of claim with the or BMC, you do not need to file again as E. IS FOR COURT USE ONLY
Creditor Telephone Number			COUIL	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies	e deptor	Check here repla	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries, and compensation ir digits of your SS #	(fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	erformed from	to
					(date) (date)
2 DATE DEBT WAS INCUR			COURT JUDGMENT, DATE (
	AIM Check the appropriate box or boxes that	it best descri	ibe your claim and state the amou	nt of the claim at the	time case filed
See reverse side for important UNSECURED NONPRIORIT	•		SECURED CLAIM	OCEAN I	ATLANTIC
	no collateral or lien securing your claim, or b)	vour claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the pro	operty securing it, or if c) none or only part of yo	ur claim is	a nght of setoff)		
entitled to priority UNSECURED PRIORITY CL	AIM	eri en geleran eran erinen erinten erinte beskilden gestelse sign e	Brief description of		
Check this box if you have a	an unsecured claim all or part of which is		New of Collectors		Other
entitled to priority Amount entitled to priority	•		Value of Collateral		at two and find walled w
Specify the priority of the cla	oim		secured claim, if any	nd other charges \$	at time case filed included in
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2,225* of deposits tower		or rental of property or
	ssions (up to \$10,000)*, earned within 180 days		services for personal family, o	or household use -11	USC § 507(a)(7)
	cy petition or cessation of the debtor's		Taxes or penalties owed to go	vemmental units - 1	1 U S C § 507(a)(8)
i—	ee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable pan	-	
Commodition to arremptoye	to posteric bies: 11.0.0.0. 3.001(e)(0)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 and Iced on or after the c	d every 3 years thereafter date of adjustment.
5 TOTAL AMOUNT OF CLA	AIM \$ \$	150	000,00 \$		\$
AT TIME CASE FILED	(unsecured)		(secured)	(prionty)	(Total)
	udes interest or other charges in addition to t				
	of all payments on this claim has been cr				
running accounts, contract	MENTS <u>Attach copies of supporting doc</u> cts, court judgments, mortgages, security currents are not available, explain If the	/ agreemei	nts, and evidence of perfectio	n of lien DO NO	voices, itemized statements of OT SEND ORIGINAL
1	To receive an acknowledgment of the			•	d envelope and copy of this
ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be se actually received on or before 5.00 pr y (including individuals, partnerships,	m, prevail	ing Pacific time, on Noveml	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		BY HAND	OR OVERNIGHT DELIVERY TO),	
BMC Group Attn USACM Claims Doc	keting Center	BMC Gr	oup		
P O Box 911	•	Attn USACM Claims Docketing Cente 1330 East Franklin Avenue			LED SEP 28 2006
El Segundo, CA 90245-09	911 SIGN and print the name and title if any of th		ndo, CA 90245	Γ	ILLU OLI 20 2000
9/27/06	this claim (attach copy of power of attor	ney, if any)			1104 0140
	Ganet Mrass	, TRI	stee		USA CMC
	Janet MRASZ	,	-		# # #
	J. J. J. J. J. J. J. J. J. C.				

	PRO	OF OF CLAIM		
Name of Debtor	Case Nun	nber		
IJCA COMMEDIAL MARTRACE CO		10725-1BR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expearising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	an	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Oraditar and Address		your claim Attach copy of statement giving particulars		
I MALALUANA + TOFUE SOURE	1,			
MARKHAM - 14 TOGA 1 10123		Check box if you have never received any notices		
1 PAUL POREDAGE DE	l	from the bankruptcy court or BMC Group in this case Check box if this address		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NO' ITORS
LAS VEGAS, NU 89123-0756	1	differs from the address on the envelope sent to you by the court.	Bankruptcy Court	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 702 269 465/		COUIT.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	eptor	Check here replace of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Wages sa	alaries and compensation (l	fill out below)	Other claims against service
	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid co	mpensation for services per	formed from	(date) to (date)
2. DATE DEBT WAS INCURRED 06/18/2004	3 IF CO	URT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that because side for important explanations	best describ	e your claim and state the amou	unt of the claim at th	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it, or if c) none or only part of you		a right of setoff)		ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral		000.00
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	services for personal family of Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)	Ħ	Other Specify applicable part		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	200	with respect to cases commen	ced on or alter the	\$ 50,000.00
AT TIME CASE FILED (unsecured)		20.00 \$\$	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the		•	••	• •
6 CREDITS The amount of all payments on this claim has been credit		• •		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agreements if the documents are not available explain. If the documents are not available explain.	greements	and evidence of perfection	of lien DO NO	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, co	prevailing	Pacific time on Novembe	er 13 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND C	R OVERNIGHT DELIVERY TO	FILE	D NOV 2 9 2006
	BMC Grou Attn USA(p CM Claims Docketing Cente	·	
P O Box 911	1330 East	Franklin Avenue		
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the		o CA 90245 other person authorized to file		
this claim (attach copy of power of attorne	ey if any)	, , , , , , , , , , , , , , , , , , ,	ļ	USA CMC
THE STREET STREET	1			



	Cas •	::	PRO	OF OF CLAIM	O(Ea,	n A Handic
		September 1981 And 1981	0		100,	000
I	e of Debtor		Case Nu			778
US	SA Commercial M	lortgage Company	06-107	725-LBR		10
L			<u> </u>			
		of Debtors and Case Numbers		Chark how if you are		
		d to make a claim for an administrative exp nent of the case A "request" for payment		Check box if you are aware that anyone else has		
		be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		OWED MONEY BY A BORROWER SEING SERVICED BY THE
Nam	e of Creditor and	Address		statement giving particulars		NOT HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT
		1132124203751	0	Check box if you have		IN THE COLLECTION ACCOUNT
	MORGAN R	ROSALIE E WING CIRCLE		never received any notices from the bankruptcy court or	DO NOT EU E TUIS	DROOF OF OLAIM FOR A
	SPARKS NV			BMC Group in this case		S PROOF OF CLAIM FOR A SST IN A BORROWER THAT IS NOT
				Check box if this address	ONE OF THE DEB	_
				differs from the address on the envelope sent to you by the		dy filed a proof of claim with the r BMC you do not need to file again
Credit	tor Telephone Number	MJ 250-2217.		court	, ,	IS FOR COURT USE ONLY
		other number by which creditor identifies	debtor	Chock here	ces	
		6238		Check here I replace or if this claim amen	 a previousiy f 	iled claim dated
	SIS FOR CLAIM] Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death] Wages	salaries and compensation (fill out below)	Other claims against servicer
	Services performed	∐ Taxes —	Last four	digits of your SS#		(not for loan balances)
יואלן	Money loaned	☐ Other (describe briefly)	Unpaid o	compensation for services pe	rformed from _	to
2 04	TE DEBT WAS INCUR	DOED	la ir o	OUDT HIDOMENT DATE O	OTAINED	(date) (date)
		AIM Check the appropriate box or boxes tha		OURT JUDGMENT, DATE On the your claim and state the amo		e time case filed
See	reverse side for important	it explanations	.,	SECURED CLAIM	o o a	
	ECURED NONPRIORI				our claim is secure	d by collateral (including
		is no collateral or lien securing your claim or b) roperty securing it or if c) none or only part of y		a right of setoff)	odi olami io occare	a by conditional (moldaning
e	entitled to priority			Brief description of	collateral	
1	UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other					Other
	Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral					
4	Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
8	Specify the priority of the claim Specify the priority of the claim Specify the priority of the claim					
	Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
		issions (up to \$10 000)* earned within 180 days	· _	services for personal family of		
	pusiness whichever is earl	otcy petition or cessation of the debtor's flier 11 U.S.C. § 507(a)(4)	<u> </u>	Taxes or penalties owed to go		• (7,7)
	Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)	L-	Other - Specify applicable para *Amounts are subject to adjust	• .	- ,,,
	· · · · · · · · · · · · · · · · · · ·			with respect to cases commen		
	TAL AMOUNT OF CLA TIME CASE FILED	AIM \$\$		\$		\$ 100878
		(unsecured)	•	secured)	(priority)	(Total)
□ c	heck this box if claim incl	ludes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
		of all payments on this claim has been cre				
/ SU	JPPORTING DOCUM	MENTS <u>Attach copies of supporting doci</u> cts court judgments mortgages security	<i>uments,</i> su	ich as promissory notes pure	chase orders invo	ICES Itemized statements of
DC	OCUMENTS If the doc	cuments are not available, explain If the	documents	are voluminous attach a sui	mmary	SLIND ORIGINAL
		Y To receive an acknowledgment of th	e filing of y	our claim enclose a stampe	d, self-addressed e	envelope and copy of this
<u> </u>	oof of claim					
		npleted proof of claim form must be sen a actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for	r each person or entit	y (including individuals, partnerships,	corporatio	ns, joint ventures, trusts ar		
ÄY	vernmentai units) 'MAIL TO		BY HAND	OR OVERNIGHT DELIVERY TO	, , , , , ,	NOV 2 9 2006
BN	MC Group tn USACM Claims Doc	cketing Center	BMC Gro		į	
P O Box 911 1330 East Franklin Avenue			"			
	Segundo CA 90245-09			do, CA 90245		
DATE		SIGN and print the name and title if any of the this claim (attach copy of power of attor		romer person authorized to file	·	USA CMC
	11/13/06	L_(UA)				1072501511

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court SOUTHERN	Dis	TRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor	Case	Number	N.L	Cution of Annua	
USA COMMERCIAL MOSTGAGE CO.		06-10225/1	8 6 1	*	
NOTE. This form should not be used to make a claim for an admini of the case. A "request" for payment of an administrative expense me		•	1	1 10 An 106	
or any one of the payment of the company of the com	.,	paradank to 11 day of \$ 100	HAY	I II TO HE UU	
Name of Creditor (The person or other entity to whom the	1	ck box if you are aware that any		i i	
debtor owes money or property)		has filed a proof of claim relation relation in the claim. Attach copy of statement			
SIMMTEX, INC A NEUROA CORP.		ng particulars	· tit	4 5 7	
	TX Che	ck box if you have never receive	ed any		
Name and address where notices should be sent SED BARISH	not	ces from the bankruptcy court i	n this	0000	
_ · · · · · · · · · · · · · · · · · · ·	Case	eck box if the address differs from ress on the envelope sent to you	RECT	MAY 15 2006	
2011 OAK ST, SAN FRANCISCO, CA 94N7	add	ress on the envelope sent to you	by	T-0	
Telephone number	the	court,		THIS SPACE IS HIR COURT USE ONLY	
Last four digits of account or other number by which creditor	1	ck here 🔲 replaces			
identifies debtor	ef th	as claim amends a previou	isly filed	claim dated	
1 Basis for Claim		☐ Returee benefits as defin	ned in 11	USC § 1114(a)	
☐ Goods sold		☐ Wages salaries, and con		on (fill out below)	
Services performed		Last four digits of your Unpaid compensation f		n madagned	
Money loaned Personal injury/wrongful death			OI SEI VICI	as periorined	
Taxes		from	to_	(date)	
Other —		(date)		(CENC)	
2. Date,debt was incurred.	3.	If court judgment, date ob	tained.		
1/14/2006					
4. Classification of Claim. Check the appropriate hox or boxes th	at best des	cribe your claim and state the a	mount of	the claim at the time case filed	
See reverse side for important explanations		Secured Claim			
Unsecured Nonpriority Claim \$		Check this box if your	-l	anned by collegent fundadons	
Check this box if a) there is no collateral or lien securing you	r claım, or	a right of setoff)		ecured by collateral (including	
b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral Ocean ATLANTIC					
Shape Francis Contact of Contact					
Value of College 1 5 TO 100 TO T					
and the second of you have an electric claim and of part of winds to					
Annound share and outer trianges at time take their fillented (it					
Specify the priority of the claim. Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U S C					
Domestic support obligations under 11 USC \$ 507(a)(1)(A) o	ır	§ 507(a)(7)	A OT HOUSE	moid use - 11 USC	
(a)(1)(B)		Taxes or penalties owed to gov	ern menta	units - 11 U.S.C. & 507(aVR)	
☐ Wages, salaries, or commissions (up to \$10,000),* carned within	n 180	· · · · · · · · · · · · · · · · · · ·		_ *	
days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter					
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) With respect to cases commenced on or after the date of adjustment.					
	^	850,000	A J)	X 671 020 02	
5. Total Amount of Claim at Time Case Filed		(mecund) (secured)		850,000,00	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits: The amount of all payments on this claim has been	credited a	nd deducted for the purpose of	T	IS SPACE IS HOR COURT USE ONLY	
making this proof of claim.		• •	Shorata		
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase					
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lies DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available, explain if the documents are voluments	v ukicii move **	AL DUCUMENTS If the	(Ormanic)		
8. Date-Stamped Copy: To receive an acknowledgment of the fill					
addressed envelope and copy of this proof of claim.	or Jou	. veem, waave a sampai sai			
Date Sign and print the name and title, if any, of the creditor or other person authorized to					
05/09/2006 file this claim (attach copy of power of attornal by Joyce Patterna JED BARISH	ney, if any	1	4		
year Danish by Joge Patters	102-17	igers as allowey	_	USA CMC	
JED BARISH		fact			

UNITED STATES BANKRUPTSY GOURT DISTRIGTO PREVADA	PRO	OF OF CLAIM			
Name of Debtor:	Case Number:				
USA Commercial Mortage Company	06-	10725-UBIR			
NOTE: See Reverse for List of Debtors and Case Numbers. / This form should not be used to make a claim for an administrative exp	ense	Check box if you are			
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	ofan	aware that anyone else has filed a proof of claim relating to			
Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.			
TOM, STERLING 43 Mari Asserdeen Wy Los Vegas, NV 89144		Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A		
23 Mary Moderation my		BMC Group in this case.	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.		
		Check box if this address differs from the address on the envelope sent to you by the court.	If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY		
Creditor Telephone Number (100) 4510 - 4884 Last four digits of account or other number by which creditor identifies of	debtor:	CT realer			
4936, 4214 - OCEAN MUANTIC		if this claim amen	a previously filed claim dated:		
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death		enefits as defined in 11 U.S.			
Services performed Taxes		alaries, and compensation (digits of your SS #:	fill out below) Other claims against service (not for loan balances)		
Money loaned		ompensation for services per	rformed from:		
	/a a		(date) (date)		
2. DATE DEBT WAS INCURRED: 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amount			
See reverse side for important explanations.		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no colleteral or lien securing your claim, or b):	anur ofoim		our claim is secured by collateral (including		
enceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.		a right of setoff).			
UNSECURED PRIORITY CLAIM		Brief description of Real Estate			
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Cottaterat:			
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in		
Specify the priority of the claim:		secured claim, if any:			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	با		ard purchase, lease, or rental of property or or household use -11 U.S.C. § 507(a)(7).		
before filing of the bankruptcy polition or cassation of the deblor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		•	vernmental units - 11 U.S.C. § 507(a)(8).		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L		agraph of 11 U.S.C. § 507(a) (). stment on 4/1/07 and every 3 years thereafter		
		with respect to cases commen	nced on or after the date of adjustment.		
5. TOTAL AMOUNT OF CLAIM \$ \$ 4	15,000	\$	\$ 25,000		
(unsecured)		ecured) emount of the claim Attach ite	(Total) (priority) (mixed statement of all interest or additional charges		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of numing accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of tien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8. DATE-STAMPED COPY: To receive an acknowledgment of the tiling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, c	, prevailino	g Pacific time, on Novembe	er 13, 2006 USE ONLY		
governmental units).	-				
BY MAIL TO: BMC Group Atta: USACM Claims Peakships Contact Atta: USACM Claims Peakships Contact BMC Broup					
Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center P. O. Box 911 1330 East Franklin Avenue					
El Segundo, CA 90245-0911					
DATE . SIGN and print the name and title, if any, of the		o, CA 90245			

Case 06-10725-gwz Doc 93	103-3 E	intered 09/16/11 1	3:40:01	Page 8 of 8
	PRO	OOF OF CLAIM		
Name of Debtor Wortgay Company	Case Nu	}-d/		
	06 -	-10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case A "request" for paym administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else bas filed a proof of claim relating to your claim. Attach copy of	Т'	Pi. US
Name of Creditor and Address		statement giving particulars	1	
Gregory D yona, Truster		Charlebay days boys		
1982 Country Com Ct LV NV 89135-1552		Check box if you have never received any notices from the bankruptcy court or		IIS PROOF OF CLAIM FOR A
LV NV 89135-1552		BMC Group in this case Check box if this address	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS leady filed a proof of claim with the
		differs from the address on the envelope sent to you by the		t or BMC you do not need to file again
Creditor Telephone Number () 702 233/1444		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identity 1978	ifies debtor	Check here replace	a previously	y filed claim dated
1 BASIS FOR CLAIM	□ Petimo i	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death			=	Other claims against servicer
Sepuces performed Taxes		salanes and compensation (r digits of your SS #	IIII OUT DEIOM)	(not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 10-11-2005		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxe See reverse side for important explanations	es that best descr		unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our alorm to accur	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim of exceeds the value of the property securing it or if c) none or only part		a right of setoff)	our claim is secu	red by collateral (including
entitled to priority	tor your craim is	Bnef description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	•
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	- \$	
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2 225* of deposits tows		
Wages salaries or commissions (up to \$10 000)* earned within 180 before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	days	services for personal family of Taxes or penalties owed to go	vemmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	Other Specify applicable para Amounts are subject to adjust		· · · · · · · · · · · · · · · · · · ·
5 TOTAL AMOUNT OF CLAIM \$		with respect to cases commen		date of adjustment
AT TIME CASE FILED	\$ _27	900 \$		- \$ 27,900 W
(unsecured) Check this box if claim includes interest or other charges in addition	•	secured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting</u> running accounts contracts court judgments mortgages secu	documents, su	ch as promissory notes pure	chase orders inv	oices itemized statements of
DOCUMENTS If the documents are not available explain. If	the documents	are voluminous attach a sur	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment proof of claim	of the filing of y	our claim enclose a stamped	self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals) partnership) pm prevailin	ig Pacific time on Novembe	er 13 2006	THIS SPACE FOR COURT USE ONLY
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BMC Group Attn USACM Claims Docketing Center	BMC Gro	up CM Claims Docketing Cente		
P O Box 911	1330 Eas	t Franklin Avenue	•	USA CMC
El Segundo CA 90245 0911 DATE, , SIGN and print the name and title if any	· · · · · · · · · · · · · · · · · · ·	do CA 90245	·····	
this claim (attach copy of power of		NIL I	la Trust	1072501005
Penalty for presenting fraudulent claim if a fine of up to \$\$00 000 or impriso		U Monai Camil	 	
. Since, for processing readdless country in a property to \$400 000 or imprise	ominani, koj up to (pyvais urpodii 10080 981	1 <i>5</i> 12 AND 3571	